



Docket No.: 1908

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: James F. McGuckin, Jr., et al

Examiner: Maiorino

Group Art Unit: 3763

Serial No: 10/074,468

Filed: February 12, 2002

For: **Apparatus for Delivering Ablation Fluid to Treat Lesions**

AMENDMENT FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

[x] No additional fee is required.

CLAIMS AS AMENDED

	Claims Remaining After <u>Amendment</u>		Highest No. Covered by Previous <u>Payments</u>			Rate <u>Extra</u>	Additional <u>Fee</u>
Total Claims*	10	-	25	=	0	x \$9.00	\$ 0.00
Independent Claims	5	-	6	=	0	x \$42.00	\$ 0.00
Total:							\$ 0.00

The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 501567. **TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.**

Petition for Extension of time pursuant to 37 C.F.R. \$1.136(a) is not believed to be required. However, if a petition for extension of time under 37 C.F.R. \$1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. \$1.17, to Deposit Account No. 501567.

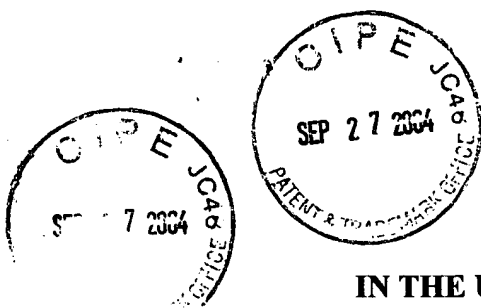
Respectfully submitted,

Dated: 9/24/04

By: Neil D. Gershon

Neil D. Gershon
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Commissioner For Patents
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CERTIFICATE OF MAILING

Date of Deposit: 9/27/04

I hereby certify that the following:

- ☒ This Certificate of Mailing
- ☒ Amendment
- ☒ Amendment Fee Transmittal
- ☒ Return postcard

are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Bfw

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AMENDMENT

Commissioner For Patents
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Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated July 28, 2004, please amend the above identified application as set forth below.